

200-2 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 28 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000002087  
1. Entity Name  
Great American Mortgage &  
Capital, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
101 Bradley PL.  
Suite, Apt. #, etc.  
202

3. Mailing Address  
101 Bradley PL.  
Suite, Apt. #, etc.  
202

DO NOT WRITE IN THIS SPACE

City & State  
Palm Beach, FL  
Zip  
33480  
Country  
USA

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Zip  
33480  
Country  
USA

4. FEI Number  
65-0890210  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Francis C. Giacomeli  
Street Address (P.O. Box Number is Not Acceptable)  
235 Sunrise Avenue  
City  
Palm Beach FL Zip Code  
33480

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  FRANCIS C. GIACOMELI 4/18/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PP-  
Francis C. Giacomeli  
235 Sunrise Avenue  
Palm Beach, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200005754572--3  
-06/11/02--01115--005  
\*\*\*\*450.00 \*\*\*\*450.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other life empowered.

SIGNATURE:  4/18/02 (SLI) 833-4334  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)